

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

AUG 16 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7784</u>	2. Fiscal Year Covered From: <u>7</u> / <u>1</u> / <u>04</u> Through: <u>6</u> / <u>30</u> / <u>05</u>
3. Name and address of person filing. Name <u>Johnny</u> <u>M</u> <u>Nickles</u> P.O. Box, Bldg., Room No., if any _____ Street <u>260 Pineview Rd.</u> City <u>Gray</u> State <u>Georgia</u> ZIP Code + 4 <u>31032</u>	4. Name, file number, and address of labor organization. Name <u>International Brotherhood of Electrical Workers - L.U. 1316</u> Labor Organization File Number <u>043-526</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 2565</u> Street <u>1046 Patterson St.</u> City <u>Macon</u> State <u>Georgia</u> ZIP Code + 4 <u>31204</u>
5. Position in labor organization. <u>Union Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 80px; text-align: center; vertical-align: middle;">N/A</div> 7.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Johnny Mark Nickles*

On

8-11-05

Date

1-478-743-7017

Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **NECA-IBEW Welfare Trust Fund**  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street **2120 Hubbard Ave.**  
City **Decatur**  
State **Illinois** ZIP Code + 4 **62526**

11.a. Nature of such dealing.

Travel expenses to attend  
3 Trustee Meetings between  
7-1-04 through 6-30-05

11.b. Approximate dollar value of such dealing.

**\$2,624.99**

12.a. Nature of interest held or income received.

12.b. Amount.

**\$2,624.99**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



AFL-CIO

PHONE (478) 743-7017  
FAX (478) 743-4482



# *International Brotherhood of Electrical Workers*

LOCAL UNION 1316

OFFICE --- 1046 PATTERSON ST.

POST OFFICE BOX 2565

MACON, GEORGIA 31203

*Affiliated with*

ATLANTA NORTH GEORGIA BUILDING & CONSTRUCTION TRADES COUNCIL  
GEORGIA STATE AFL-CIO — CENTRAL GEORGIA FEDERATION OF TRADES  
GEORGIA ELECTRICAL WORKERS ASSOCIATES

**August 11, 2005**

**U. S. Department of Labor  
Office of Labor-Management  
Standards  
Washington, D.C. 20210**

**Re: LM-30's**

**Dear Sir:**

**Nobody seems to know exactly what is required under the LM-30 reporting or who is to report or what. Just to be on the safe side I have completed 2 for each of the Trust Funds I am a Trustee on for the periods of 7-1-03 through 6-30-04 and 7-1-04 through 6-30-05. This should cover the entire year of 2004.**

**If I am incorrect or have improperly filled these forms out, please let me know.**

**Sincerely,**

*Johnny Mack Nickles*  
**Johnny Mack Nickles  
Business Manager &  
Financial Secretary**

**JMN/jd  
Enc.**